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								•				
	in this information to											
		Eduardo Ro	ariguez				_					
	otor 2 buse, if filing)						_					
Uni	ted States Bankrupt	tcy Court for the	NORTHERN DISTRIC	CT OF ILL	INOIS							
Cas	se number 19-	17508						Check	if this is:			
(If kn	nown)							■ An	amended	d filing		
											postpetition of lowing date:	chapter
<u>O</u> 1	fficial Form	<u> 1061</u>						MN	1 / DD/ Y	YYY		
S	chedule I: `	Your Inco	ome									12/15
Par	Describe	Employment	On the top of any additi			r name	and					question
	information.			Debtor							ng spouse	
	If you have more t attach a separate		Employment status	■ Emp	•				□ Emplo □ Not en			
	information about employers.	additional	Occupation		employed			'	■ Not en	прюуеч		
	Include part-time,	seasonal, or	Occupation		Safety Offi							
	self-employed wor		Employer's name		Advocate Health Medical Group							
	Occupation may include student or homemaker, if it applies.		Employer's address	P.O. Box 92523 Chicago, IL 60675								
			How long employed t	here?	15 yrs							
Par	t 2: Give Det	ails About Mor	thly Income									
	mate monthly inco		ate you file this form. If	you have	nothing to rep	ort for	any l	ine, write S	\$0 in the	space. Incl	ude your non-	filing
	u or your non-filing s e space, attach a se		ore than one employer, co	ombine th	e information	for all e	emplo	oyers for th	at persor	n on the line	es below. If yo	ou need
								For Debt	or 1	For Debt	tor 2 or g spouse	
2.			ry, and commissions (becalculate what the month			2.	\$	4,1	64.00	\$	N/A	
3.	Estimate and list	monthly overt	me pav.			3.	+\$		0.00	+\$	N/A	

Official Form 106I Schedule I: Your Income page 1

4,164.00

\$

N/A

4. Calculate gross Income. Add line 2 + line 3.

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Deb	tor 1	Eduardo Rodriguez		Case	number (if known)	19-175	80		
				For	Debtor 1	For D	ebtor 2	2 or	
						non-f		pouse	
	Cop	by line 4 here	4.	\$	4,164.00	\$		N/A	<u>.                                    </u>
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	656.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.	\$	188.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d.	\$_	221.00	\$		N/A	_
	5e. 5f.	Insurance  Demostic support obligations	5e. 5f.	\$_ \$	465.00	\$		N/A	_
	5i. 5g.	Domestic support obligations Union dues	5g.	\$ 	0.00	\$ —		N/A N/A	_
	5h.	Other deductions. Specify: FSA	5h.+	· : —	166.00			N/A	_
		Legal Plan	_	\$_	19.00	\$		N/A	_
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	– 6.	\$	1,715.00	\$		N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,449.00	\$		N/A	<del>-</del>
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$		N/A	_
	8b.	Interest and dividends	8b.	\$_	0.00	\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$		N/A	_
	8d.	Unemployment compensation	8d.	\$	0.00	\$		N/A	_
	8e.	Social Security	8e.	\$	0.00	\$		N/A	<del>-</del>
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$		N/A	
	8g.	Pension or retirement income	8g.	\$	0.00	\$		N/A	<u> </u>
	8h.	Other monthly income. Specify: Pro-rated Tax Refund	_ 8h.+	\$	529.00	+ \$		N/A	<u>.</u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	529.00	\$		N/A	A
10.	Calc	culate monthly income. Add line 7 + line 9.	10. \$	:	2,978.00 + \$		N/A	= \$	2,978.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.							·
11.	Incluothe Other	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depen				hedule 11.	4	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certain lies					12.	\$	2,978.00
13.	Do :	you expect an increase or decrease within the year after you file this form?	?					Combi month	ned ly income
		No.							
		Ves Evolain:							1

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Fill	in this informa	tion to identify y	our case:			l						
	tor 1	Eduardo Ro					( if this is:					
Debtor 2 (Spouse, if filing)							<ul> <li>An amended filing</li> <li>A supplement showing postpetition chapter</li> <li>13 expenses as of the following date:</li> </ul>					
Unit	ed States Bankr	uptcy Court for the	: NORTH	HERN DISTRICT OF ILLIN	IOIS	<u> </u>	MM / DD / YYYY					
	e number 19	)-17508										
Of	fficial Fo	rm 106J										
		J: Your						12/15				
info	ormation. If m		eded, atta	. If two married people a nch another sheet to this n.								
Par		ibe Your House	ehold									
1.	Is this a joir											
	■ No. Go to □ Yes. <b>Doe</b>		in a separ	ate household?								
	□N	0	·	ial Form 106J-2, <i>Expense</i>	s for Separate House	e <i>hold</i> of Debto	or 2.					
2.		e dependents?		, ,								
	Do not list Debtor 2.	•	Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?				
	Do not state dependents				Daughter		13	□ No ■ Yes				
					Daughter		17	□ No ■ Yes				
								□ No □ Yes				
								□ No				
3.	Do vour exp	enses include	_	lai.				☐ Yes				
O.	expenses o	f people other t d your depende	han 🖂	No Yes								
exp	imate your ex		our bankr	ly Expenses uptcy filing date unless y is filed. If this is a sup								
the		n assistance an		government assistance cluded it on Schedule I:			Your exp	enses				
4.	The rental of payments ar	or home owners	ship exper se ground o	nses for your residence.	Include first mortgag	e 4. \$		0.00				
		led in line 4:	-									
		estate taxes				4a. \$		0.00				
		estate taxes rty, homeowner'	s, or renter	's insurance		4a. \$ 4b. \$		0.00 0.00				
	4c. Home	maintenance, re	epair, and i	upkeep expenses		4c. \$		0.00				
5.		owner's associa nortgage paym		dominium dues <b>our residence,</b> such as ho	ome equity loans	4d. \$ 5. \$		0.00				
		3 3 pay		,,,,		Ψ		2100				

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btor 1 _I	Eduardo Rodriguez	Case num	ber (if known)	19-17508
Utilitie	s:			
	Electricity, heat, natural gas	6a.	\$	145.00
	Nater, sewer, garbage collection	6b.	\$	0.00
	Felephone, cell phone, Internet, satellite, and cable services	6c.	\$	152.00
	Other. Specify: Cable	6d.	\$	90.00
	and housekeeping supplies	— 7.	·	745.00
	are and children's education costs	8.	\$	50.00
	ng, laundry, and dry cleaning	9.	\$	135.00
	nal care products and services	10.	\$	125.00
	al and dental expenses	11.	\$	
	•	11.	Φ	110.00
	portation. Include gas, maintenance, bus or train fare. include car payments.	12.	\$	385.00
	ainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
	able contributions and religious donations	14.	·	0.00
		14.	Φ	0.00
. Insura	include insurance deducted from your pay or included in lines 4 or 20.			
	include insurance deducted from your pay of included in lines 4 of 20.	15a.	\$	0.00
	Health insurance	15b.	·	0.00
	/ehicle insurance	15b.	·	
			· -	60.00
	Other insurance. Specify:	15d.	\$	0.00
	Do not include taxes deducted from your pay or included in lines 4 or 20.	16.	<b>c</b>	0.00
Specify		10.	Ф	0.00
	ment or lease payments:	17a.	¢	COE 00
	Car payments for Vehicle 1	17a. 17b.	·	605.00
	Car payments for Vehicle 2		·	0.00
	Other. Specify:	17c.	\$	0.00
	Other. Specify:	17d.	\$	0.00
	ayments of alimony, maintenance, and support that you did not report as	10	\$	0.00
	ted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	· -	
	payments you make to support others who do not live with you.	4.0	\$	0.00
Specify		19.		
	real property expenses not included in lines 4 or 5 of this form or on Sche			0.00
	Mortgages on other property	20a.		0.00
	Real estate taxes	20b.		0.00
	Property, homeowner's, or renter's insurance	20c.		0.00
20d. I	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e. I	Homeowner's association or condominium dues	20e.	\$	0.00
. Other:	Specify: Vehicle repairs/maintenance/stickers/tags	21.	+\$	35.00
Pet Ex	kpenses		+\$	18.00
Tollw	•		+\$	15.00
	-			
	ate your monthly expenses			
	dd lines 4 through 21.		\$	2,670.00
22b. C	opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. Ad	dd line 22a and 22b. The result is your monthly expenses.		\$	2,670.00
				· · · · · · · · · · · · · · · · · · ·
	ate your monthly net income.	-00	•	
23a. (	Copy line 12 (your combined monthly income) from Schedule I.	23a.	·	2,978.00
	Copy your monthly expenses from line 22c above.	23b.	-\$	2,670.00
23b. 0 23c. 3	Subtract your monthly expenses from your monthly income.	00.	œ.	300 00
23b. 0 23c. 3	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	308.00
23b. 0 23c. 5		u file this	form?	
23b. 0 23c. 5	The result is your <i>monthly net income</i> . <b>a expect an increase or decrease in your expenses within the year after your propert of the properties of the pro</b>	u file this	form?	